

Work Order ID 91792***91792***

Page 1

October-18-12 1:56:16 PM

Item ID: 647.0112

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Strut Bracket

Stop

NS2

Start Date: 18/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals: Process Plan: ML5Date: 12-10-12 Tooling: _____ Date: _____

Run Start

NR1

QC: _____

Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

647.0100	A
----------	---

100	0.00
-----	------

100	FLOW WATER JET	<u>69</u>	<u>12-10-20</u>
--------------	----------------	-----------	-----------------

Waterjet	Memo	0.00
----------	------	------

FLOW CNC Waterjet	1-Cut as per Dwg.		
-------------------	-------------------	--	--

304 .080"	Dwg Rev: <u>A</u>		
------------------	-------------------	--	--

	Prog Rev: <u>A</u>		
--	--------------------	--	--

	2-Deburr if necessary		
--	-----------------------	--	--

110	QC2- Inspect parts off machine FAI/FAIB	0.00
-----	---	------

110			
--------------	--	--	--

QC	Memo	0.00
----	------	------

Quality Control			
-----------------	--	--	--

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Grain	General			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S				Hardware				Over/Under tolerance	Temperature/Cure		
Cracks				Inspection Incomplete				Part Incorrect	Weld		
Crushed/Crimped				Instructions Incomplete/Unclear				Part Lost/Missing	Wrong Stock Pulled		
Cuffs				Maintenance				Part Moved			
Heat Treat				Mislabeled				Positioned Wrong			
Inspection Strip in Tube				Misread				Power Loss/Surge			
Ripples in Bend				Offset					Other		
Torque Waves in Extrusion				Out of Calibration							
Turning Sequence				Out of Sequence							
Wave/Twist in Tube				Outside Dimensions							

Work Order ID 91792

October-18-12 1:56:16 PM

91792

Page 2

Item ID: 647.0112

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Strut Bracket

Stop

NS2

Start Date: 18/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00	Smb 12/10/20			29 Count			

130 *130* Brake NC Brake NC	Form as per dwg NC BRAKE Memo USE DT9834 FOR FORMING	0.00 0.00				29 FF 12-10-30
---	---	--------------	--	--	--	----------------------

140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	DAS 15 12-10-30			29 Count
--	---	--------------	-----------------------	--	--	-------------

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____ NCR No. _____		<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
										<input type="checkbox"/> Other	

Work Order ID 91792

October-18-12 1:56:16 PM

91792

Page 3

Item ID: 647.0112

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Strut Bracket

Stop

NS2

Start Date: 18/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

150

SprayPaint

Spray Painting

Memo

0.00

29 0 0 AJ

12-12-15

PRIME AS PER DWG NOTE 6

PR-148 PRIMER BATCH: 123693

160

QC14- Inspect Spray Paint

0.00

DAS
05
12-12-18

160

QC

Quality Control

Memo

0.00

170

Identify as per dwg & Stock Location: 139A

0.00

170

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

12/12/18 (29)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS										
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____		Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
NCR No. _____			Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector					
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 91792

October-18-12 1:56:16 PM

91792

Page 4

Item ID: 647.0112

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Strut Bracket

Stop

NS2

Start Date: 18/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

180

QC21- Final Inspection - Work Order Release

180

QC

Quality Control

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

0.00

Memo

0.00

13/10/09

MF

13-01-09

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

October-18-12 1:56:20 PM

Page 1

Work Order ID: 91792

91792

Parent Item: 647.0112

647 0112

Parent Item Name: Strut Bracket

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 24.00

Required Qty: 24.00

Comments: IPP REV:A 12.08.14 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S14GA		Purchased	No			100	sf	37.3400	0.0325	0.821053	1.		

M304S14GA

304SS sheet .080

Location	Loc Qty	Loc Code
MAT020	37.34	
117933	3.6	
119276	33.74	

18/10/2012

60

119276

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
NCR No. _____			Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other						

DART AEROSPACE LTD	Work Order:	91792
Description: STRUT BRACKET	Part Number:	647.0112
Inspection Dwg: 647.0112 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	R
Date:	12-10-20

Audited by:	SmB
Date:	10/06/02

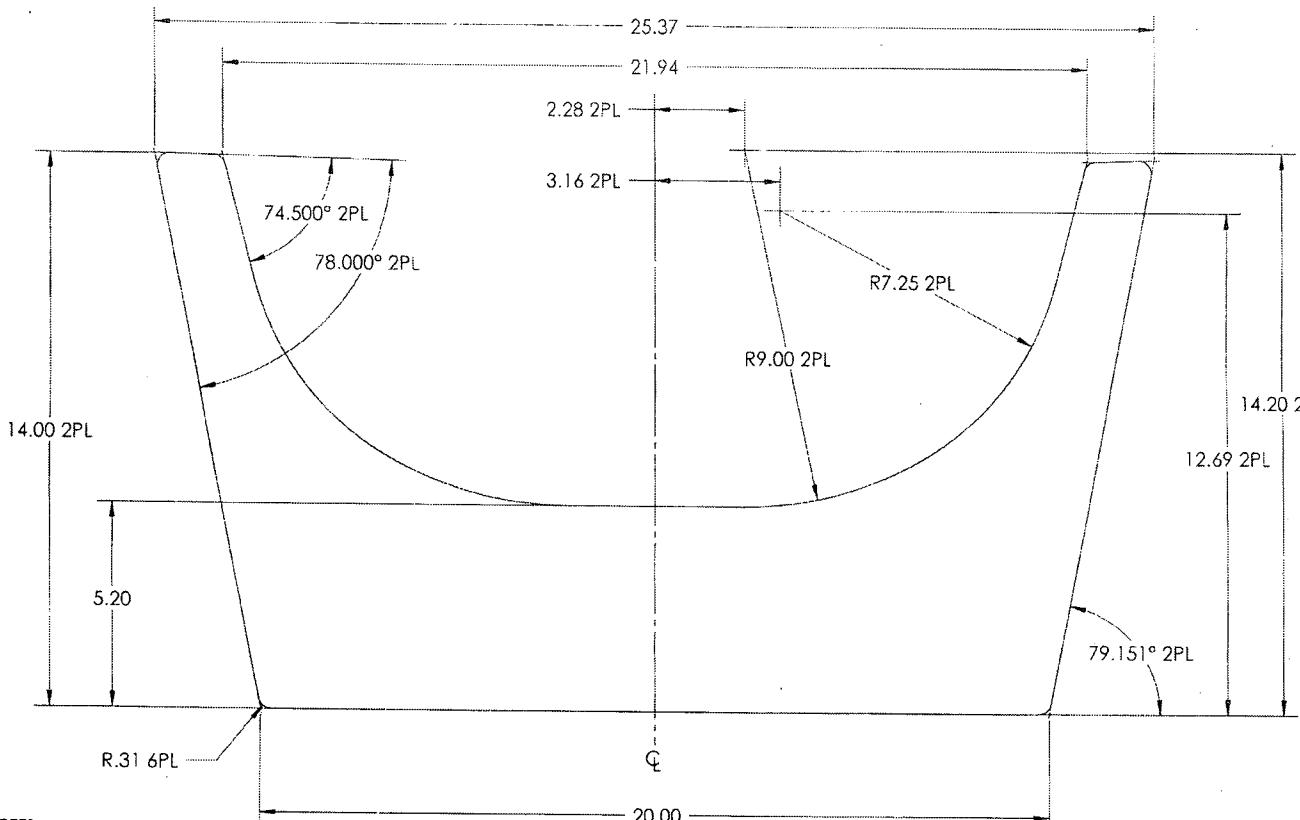
Preliminary Approval:	
Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

1 2 3 4 5 6 7 8

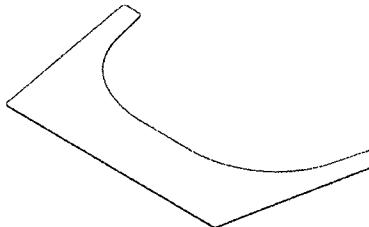
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF
APICAL INDUSTRIES, INC. IT MAY NOT BE COPIED OR USED WITHOUT THE
WRITTEN PERMISSION OF APICAL INDUSTRIES, INC. DRAFTED:

ITEM	DESCRIPTION	DATE	DRAWN BY
1	LAST PRODUCTIVE DRAWING NO.	05/27/07	PC
2	INITIAL RELEASE	05/27/07	PC
3	APICAL INDUSTRIES, INC. DRAFTED	04/28/07	PC



NOTES:

- 1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4.
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; PRETREAT PR-148 ADHESION PROMOTER; PRIME IAW MIL-P-23377J TYPE I CLASS N.
- 3. DEBURR AND BREAK ALL SHARP EDGES.
- 4. IDENTIFY IAW MPP-120.
- 5 MATERIAL: 304 SS IAW AMS 5643.
- 6 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N.

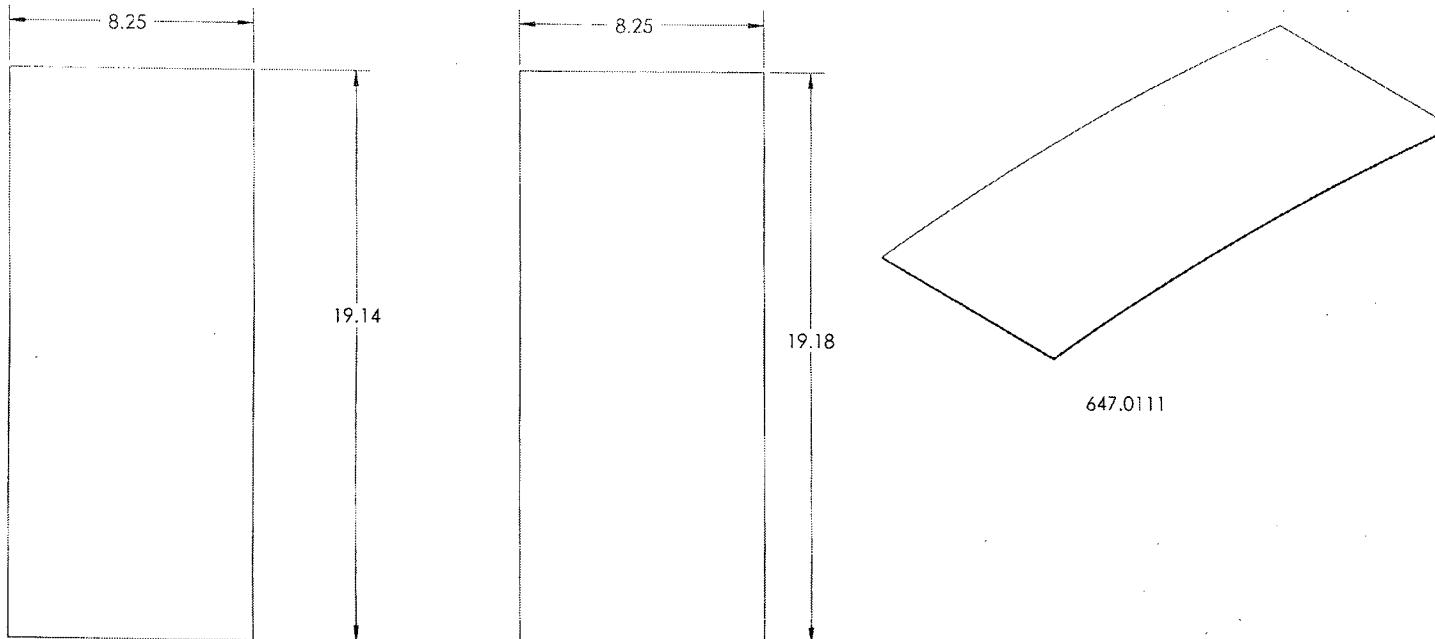


647.0110

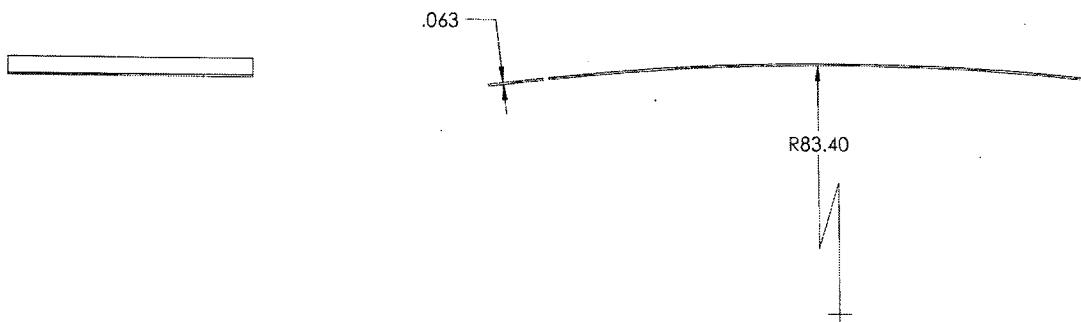
QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
PARTS LIST					
		647.0116	DOUBLER	△	△
		647.0115	CLIP	△	△
		647.0114	CLIP	△	△
		647.0113	STRUT DOUBLER	△	△
		647.0112	STRUT BRACKET	△	△
		647.0111	PANEL	△	△
		647.0110	ROOF DOUBLER	△	△
APICAL INDUSTRIES					
2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300					
SHEETMETAL					
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMAL: ±.01 2 PLACES DECIMAL: ±.005 ANGLES ± 5°					
REV	07A26	DWG. #	647.0100	SCALE	1 OF 6

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 91797
MCJ
12-10-18

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF AFCA INDUSTRIES AND REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF AFCA INDUSTRIES IS PROHIBITED.



FLAT PATTERN



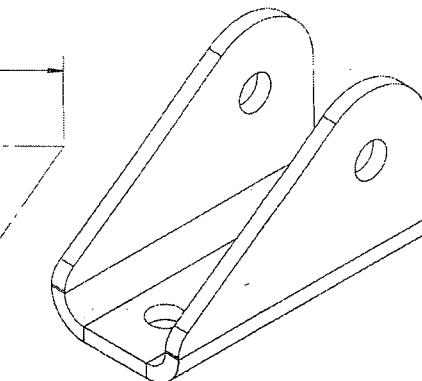
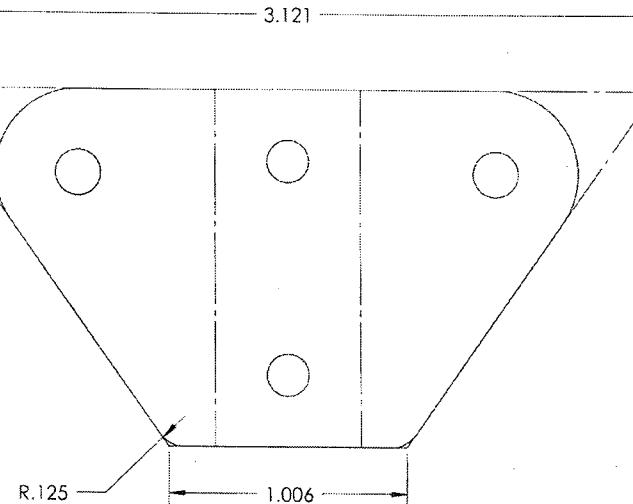
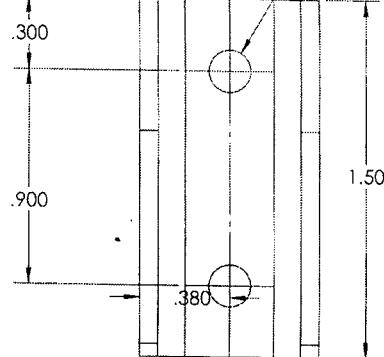
ORIGINAL DATE 05-07-05	APICAL INDUSTRIES
DRAWN BY P. ROSEN	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL P. BRAVO	
CONTRACT NO.	SHEETMETAL
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES SPECIFICATIONS ARE IN PRINTED SPECIFICATIONS ARE VALID FOR 30 DAYS FROM THIS ANGLE 3.0	
SHEET NO. 07M16	REV. A
SCALE: NONE	SHEET 2 OF 6

REVISIONS	EXPLANATION	DATE	APPROVED

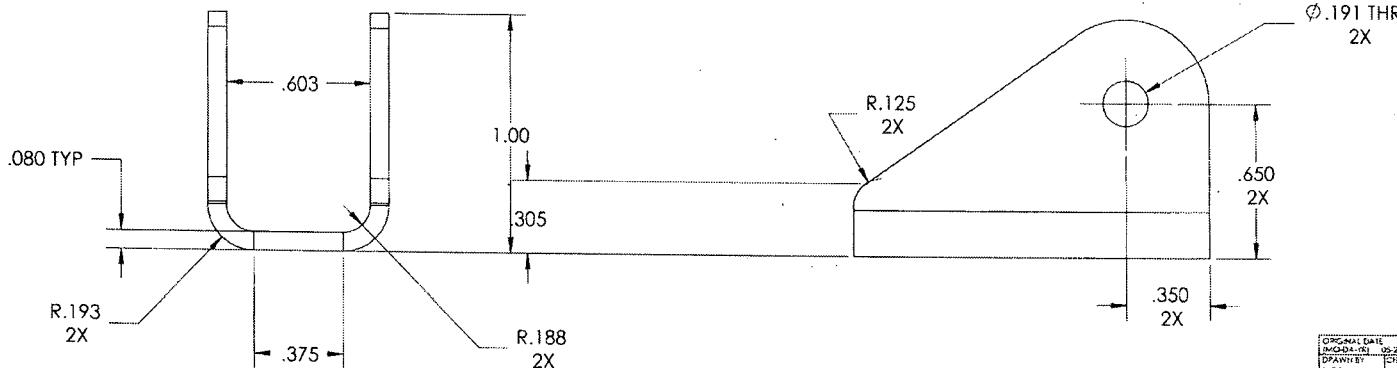
91792

Ø.177 THRU
2X

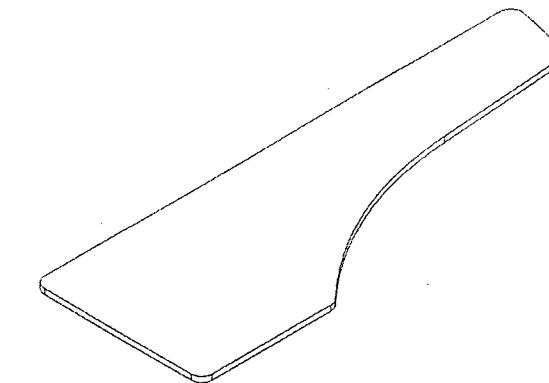
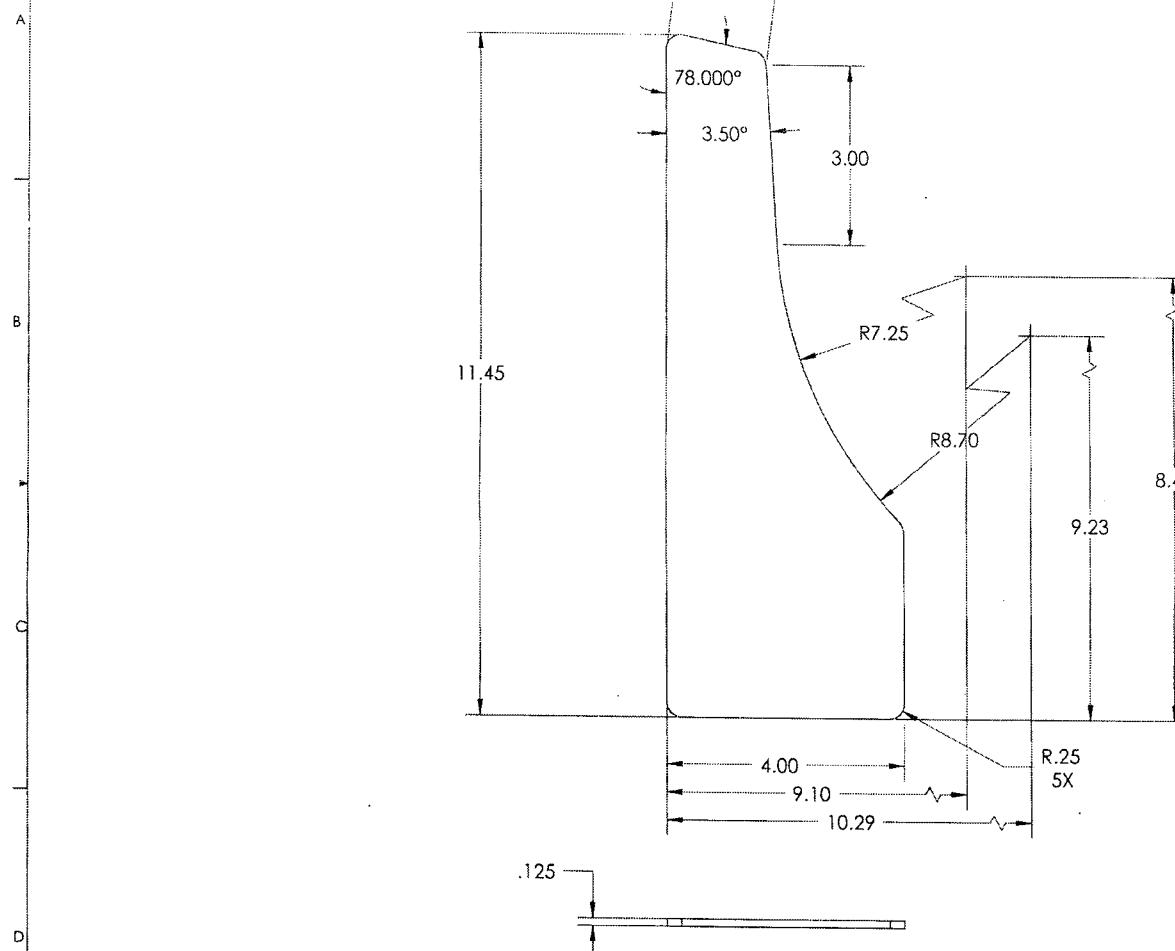
FLAT PATTERN



647.0112



ORIGINAL DATE	02-25-05	APPROVING	02-25-05
DRAWN BY	K. ROSANO	CHECKED	P. BRAVO
DRAWING APPROVAL	F. BRAVO	DATE	02-25-05
CONTRACT NO.			
THIS CTD/CPW SPECIFIED DRAWING IS THE PROPERTY OF APICAL INDUSTRIES. TOLERANCES ARE IN INCHES. UNLESS OTHERWISE SPECIFIED, TOLERANCES ARE +/- .010. PLATE THICKNESS +/- .010. PRINTING NUMBER 1000. ANGLES +/- 1°.			
REV.	07M26	EDITION NO.	647.0100
SCALE	NONE	REV.	A
			SHEET 3 OF 6

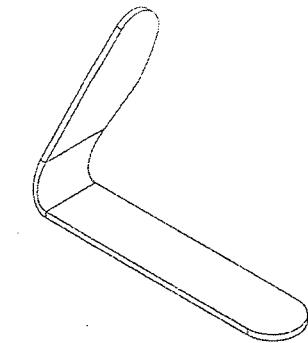
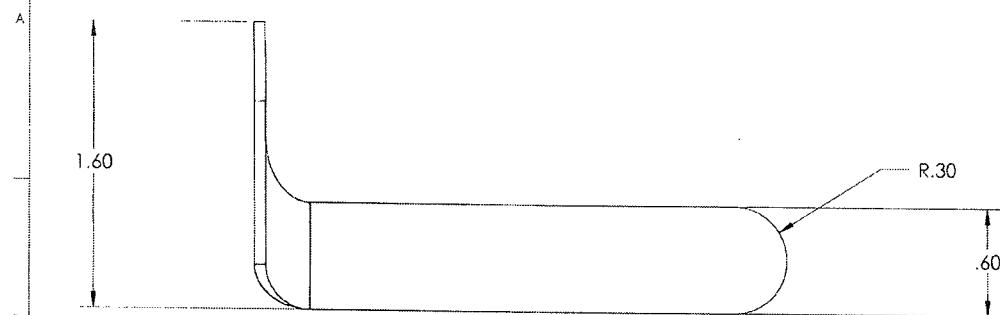


647.011

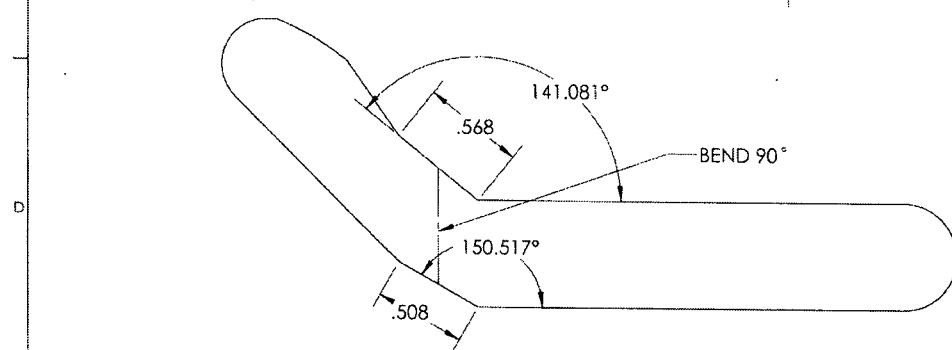
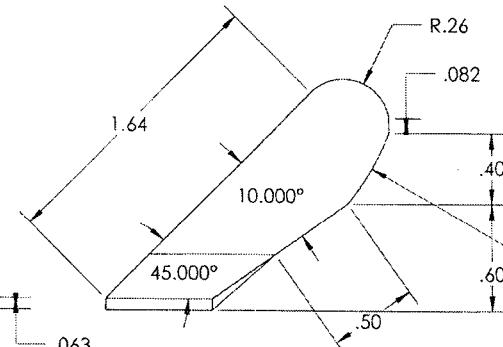
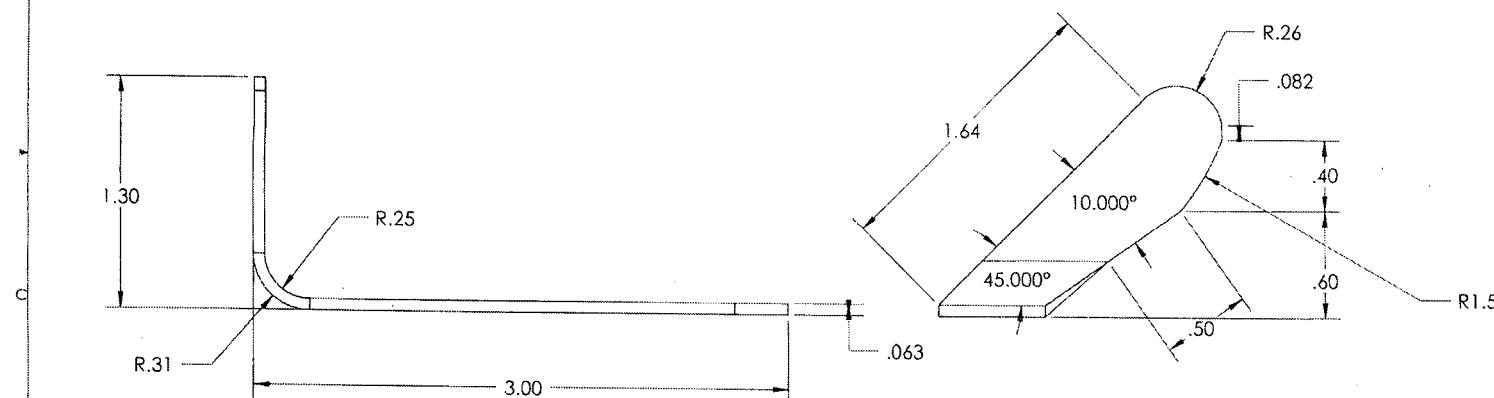
ORIGINAL DATE		05-24-10	CS-280
DRAWN BY		SCHICKER	
P. ROSANIC		P. BRAVO	
DRAWINGS APPROVAL		P. BRAVO	
P. BRAVO		P. BRAVO	
P. BRAVO		P. BRAVO	
CONTRACT NO. _____			
100% C.G. COMPLIANCE SPECIFICATIONS NOT DRAWN TO INCHES SI UNITS ARE PREFERRED 2 PLACE DECIMALS 1:00 3 PLACE DECIMALS 0.000 AMOUNTS 0.0000			
SHELF		CAGE CODE	REV
B		D7M	A
DRAWING NO.		647.010J	
SCALE		NONE	
INCHES		MM	
4 OF 6		4 OF 6	

1 2 3 4 5 6 7 8 91792
1. THE PARTS LISTED IN THIS DRAWING IS THE SIDE FRONTHORN OF
APICAL INDUSTRIES PART OF WHICH IS LOCATED
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS FORBIDDEN.

EXCLUSIONS		REV
PN	DESCRIPTION	APPROVED



647.0114 SHOWN
647.0115 OPPOSITE



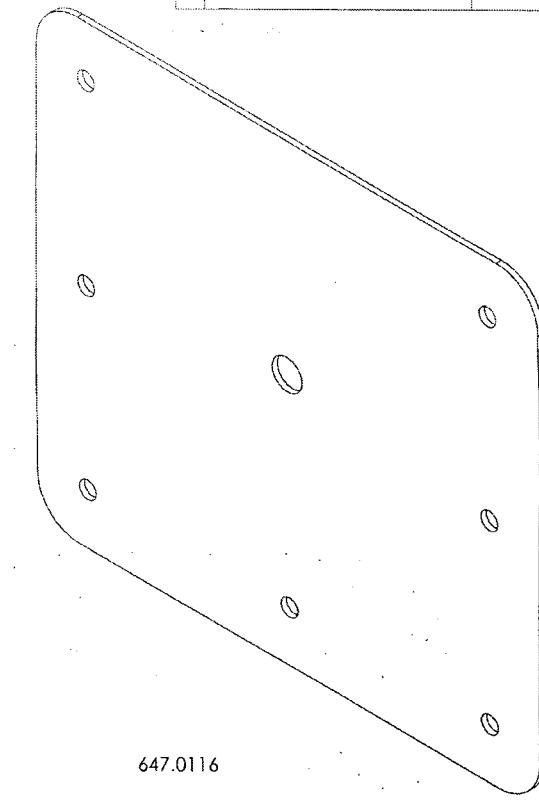
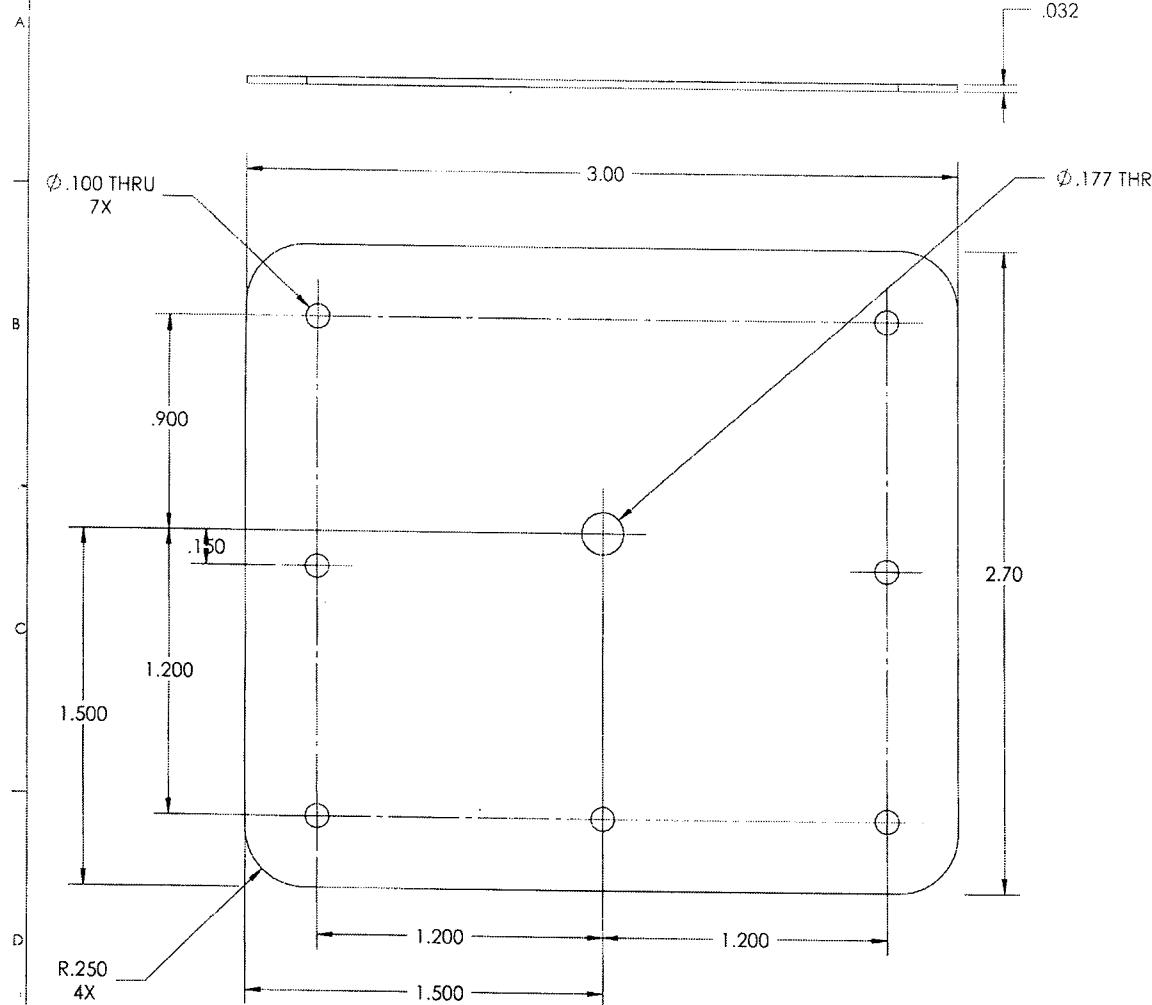
FLAT PATTERN

ORIGINAL DATE 07-01-00	APICAL INDUSTRIES
DRAWN BY P. ROMANO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
CHECKED BY P. BRAVO	
DRAWING APPROVAL P. BRAVO	
CONTRACTING P. BRAVO	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES. TOLERANCES ARE .005 FOR LENGTHS 1 PLACE DECIMALS FOR ANGLES + 3°	
DATE DRAWN B 07/26	REV Dwg. No. 647.0100
SCALD. NONF.	SHEET 5 OF 6

1 2 3 4 5 6 7 8 91792

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF
APICAL INDUSTRIES. ANY REPRODUCTION, IN PART OR WHOLE, WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REF.	DESCRIPTION	REVISIONS	
		REV.	APPROVED



ORIGINAL DATE REVISED DATE P. BRAVO	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL P. BRAVO	
CONTRACTING	
UNLESS OTHERWISE SPECIFIED STAINLESS STEEL 304 CUT-FINISHED AREA 1/8 INCH THICKNESS 1/8 INCH DEPTH MAX. DRS APPROVED: P. BRAVO	
DATE CODE: 070426	REV. A
647.0100	
SCALE: NONE	
	SHEET: 6 OF 6